

Independent Health's Medicare Advantage

2022 C-SNP Part D Formulary



(List of Covered Drugs)

This document includes:
Independent Health's Assure Advantage® (HMO C-SNP)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

HPMS Approved Formulary File Submission ID 00022477, Version Number 19

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.IndependentHealth.com/Medicare.

The formulary may change at any time. You will receive notice when necessary.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Independent Health. When it refers to “plan” or “our plan,” it means Independent Health’s Medicare Advantage Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is Independent Health’s Assure Advantage® (HMO C-SNP) Part D Formulary?

A formulary is a list of covered drugs selected by Independent Health in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Independent Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Independent Health network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Independent Health may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Independent Health Assure Advantage® (HMO C-SNP) Part D Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Independent Health Assure Advantage® (HMO C-SNP) Part D Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2022. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.IndependentHealth.com/MedicareFormularies and in printed form.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 107. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Independent Health covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Independent Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Independent Health before you fill your prescriptions. If you don't get approval, Independent Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that we will cover. For example, Independent Health provides 30 tablets per prescription for digoxin 125 mcg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Independent Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Independent Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Independent Health will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization, quantity limit, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Independent Health to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to Independent Health's Medicare Advantage Plan Individual Part D Formulary?" on page IV for information about how to request an exception.

What are over-the-counter (OTC) drugs?

Over-the-counter (OTC) drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Independent Health pays for some OTC drugs with a written prescription. These drugs include: aspirin 81 mg enteric-coated, cetirizine 10 mg oral tablet, and loratadine 10 mg oral tablet. There is no cost to you for these OTC drugs and these OTC will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Independent Health.
- You can ask Independent Health to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to Independent Health's Assure Advantage® (HMO C-SNP) Part D Formulary?

You can ask Independent Health to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Independent Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Independent Health will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. Long Term Care (LTC) pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However, the E Box should be replenished from the patient's monthly prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with the transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication if needed.
- If you are a resident of a long-term care facility, a 34-day supply (unless the prescription is written for less) will be authorized with refills to total 34 days of medication if needed.

After authorizing the temporary refills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Independent Health Medicare Advantage Plan Part D formularies, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

For more information

For more detailed information about your Independent Health prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Independent Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Independent Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Independent Health has any special requirements for coverage of your drug.

Drugs listed with an **"AL"** in the Requirements/Limits column have age limitations.

Drugs listed with a **"BD"** in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-payment in the drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact Independent Health's Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with an **"EDS"** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended 90-day supply.

Drugs listed with an **"ENH"** in the Requirements/Limits column are prescription drugs that are not normally covered under a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with a **"LA"** in the Requirements/Limits column may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call our Member Services Department at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.IndependentHealth.com/Medicare.

Drugs listed with a **"PA"** in the Requirements/Limits column require prior authorization (see "Are there any restrictions to my coverage on page III).

Drugs listed with an **“OTC”** in the Requirements/Limits column are drugs that are not normally covered under a Medicare Prescription Drug Plan. There will be no cost to you for these drugs with a written prescription. These drugs do not count towards your total drug costs (that is, the amount you pay does not count for the coverage gap).

Drugs listed with a **“QL”** in the Requirements/Limits column have quantity limits (see “Are there any restrictions to my coverage” on page III).

Drugs listed with a **“ST”** in the Requirements/Limits column are restricted to step therapy requirements (see “Are there any restrictions on my coverage” on page III).

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Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
ASCOMP-CODEINE ORAL CAPSULE	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caff-cod oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-asa-caff-codeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>butalbital-aspirin-caffeine oral capsule</i>	4	PA; PA not required if under 65 years of age.
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
TAVNEOS ORAL CAPSULE	5	PA; LA
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
VTOL LQ ORAL SOLUTION	4	PA; PA not required if under 65 years of age.
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; PA not required if under 65 years of age.
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA ORAL PACKET	4	
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac epolamine external patch</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>diclofenac sodium external gel</i>	2	PA
<i>diclofenac sodium external solution 1.5 %</i>	2	PA
<i>diclofenac sodium oral tablet delayed release</i>	2	EDS
<i>diflunisal oral tablet</i>	2	EDS
<i>etodolac oral capsule</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	2	EDS
<i>fenoprofen calcium oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>flurbiprofen oral tablet 100 mg</i>	2	EDS
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
<i>indomethacin er oral capsule extended release</i>	4	EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	EDS
<i>ketorolac tromethamine oral tablet</i>	2	QL (20 EA per 30 days)
<i>meloxicam oral tablet</i>	2	EDS
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	2	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	2	QL (30 EA per 30 days)
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral tablet extended release</i>	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 250 MG	3	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	4	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	2	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	2	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3 oral tablet</i>	2	
<i>acetaminophen-codeine oral solution</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	PA; PA not required if under 65 years of age.
<i>butorphanol tartrate nasal solution</i>	2	
<i>codeine sulfate oral tablet</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	5	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
<i>oxycodone hcl oral capsule</i>	2	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	
<i>oxymorphone hcl oral tablet 10 mg</i>	2	
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen oral tablet</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	2	EDS
<i>disulfiram oral tablet</i>	2	EDS
<i>naltrexone hcl oral tablet</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	
LUCEMYRA ORAL TABLET	5	PA
<i>naltrexone hcl oral tablet</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID	3	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>naloxone hcl nasal liquid</i>	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	
NICOTROL INHALATION INHALER	4	
NICOTROL NS NASAL SOLUTION	3	
<i>varenicline tartrate oral tablet</i>	2	
<i>varenicline tartrate oral tablet therapy pack</i>	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION	5	PA; LA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet</i>	2	
<i>paromomycin sulfate oral capsule</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	4	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	5	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
FIRVANQ ORAL SOLUTION RECONSTITUTED	4	
<i>fosfomycin tromethamine oral packet</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted</i>	2	
<i>linezolid oral tablet</i>	2	
<i>methenamine hippurate oral tablet</i>	2	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal gel</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SIVEXTRO ORAL TABLET	5	PA
<i>tigecycline intravenous solution reconstituted</i>	5	
<i>tinidazole oral tablet</i>	2	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	2	
<i>vandazole vaginal gel</i>	2	
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour</i>	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>dicloxacillin sodium oral capsule</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine intramuscular suspension</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	2	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
<i>meropenem intravenous solution reconstituted</i>	2	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; Prior authorization not required for urologists or infectious diseases specialists.
Macrolides		
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	PA
DIFICID ORAL TABLET	5	PA
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	3	
<i>erythromycin base oral tablet</i>	3	
<i>erythromycin base oral tablet delayed release 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	4	
Quinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
<i>ciprofloxacin hcl oral tablet</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Tetracyclines		
<i>demeclocycline hcl oral tablet</i>	4	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>tetracycline hcl oral capsule</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	PA New Starts; Prior authorization not required for neurologists.
BRIVIACT ORAL TABLET	5	PA New Starts; Prior authorization not required for neurologists.
DIACOMIT ORAL CAPSULE	5	PA New Starts; LA
DIACOMIT ORAL PACKET	5	PA New Starts; LA
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EPIDIOLEX ORAL SOLUTION	5	PA New Starts; LA
EPRONTIA ORAL SOLUTION	4	EDS
<i>felbamate oral suspension</i>	2	EDS
<i>felbamate oral tablet</i>	2	EDS
FINTEPLA ORAL SOLUTION	5	PA New Starts; LA
FYCOMPA ORAL SUSPENSION	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days); EDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	EDS
<i>levetiracetam oral solution</i>	2	EDS
<i>levetiracetam oral tablet</i>	2	EDS
<i>roweepra oral tablet 500 mg</i>	2	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	EDS
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days); EDS
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	2	QL (60 EA per 30 days); EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	PA New Starts; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG	5	PA New Starts; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	5	PA New Starts
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA New Starts; QL (28 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA New Starts; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	3	EDS
<i>ethosuximide oral capsule</i>	2	EDS
<i>ethosuximide oral solution</i>	2	EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	2	EDS
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	2	EDS
<i>clobazam oral tablet</i>	2	EDS
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam rectal gel</i>	2	
<i>gabapentin oral capsule</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	2	EDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	EDS
NAYZILAM NASAL SOLUTION	4	PA New Starts
<i>phenobarbital oral elixir</i>	2	EDS
<i>phenobarbital oral tablet</i>	2	EDS
<i>primidone oral tablet</i>	2	EDS
SYMPAZAN ORAL FILM	5	
<i>tiagabine hcl oral tablet</i>	2	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	4	PA New Starts
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	4	PA New Starts
VALTOCO 5 MG DOSE NASAL LIQUID	4	PA New Starts
<i>vigabatrin oral packet</i>	5	LA
<i>vigabatrin oral tablet</i>	5	LA
<i>vigadrone oral packet</i>	5	
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	5	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EDS
<i>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>epitol oral tablet</i>	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>lacosamide oral solution</i>	3	EDS
<i>lacosamide oral tablet</i>	3	QL (60 EA per 30 days); EDS
<i>oxcarbazepine oral suspension</i>	2	EDS
<i>oxcarbazepine oral tablet</i>	2	EDS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable</i>	2	EDS
<i>phenytoin sodium extended oral capsule</i>	2	EDS
<i>rufinamide oral suspension</i>	5	
<i>rufinamide oral tablet</i>	4	EDS
<i>zonisamide oral capsule</i>	2	EDS
Antidementia Agents		
Antidementia Agents, Other		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	2	EDS
<i>ergoloid mesylates oral tablet</i>	2	EDS
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA New Starts; EDS
Cholinesterase Inhibitors		
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	EDS
<i>galantamine hydrobromide oral solution</i>	2	EDS
<i>galantamine hydrobromide oral tablet</i>	2	EDS
<i>rivastigmine tartrate oral capsule</i>	2	EDS
<i>rivastigmine transdermal patch 24 hour</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	2	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	
Antidepressants		
Antidepressants, Other		
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	1	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	EDS
<i>bupropion hcl oral tablet</i>	2	EDS
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	EDS
<i>maprotiline hcl oral tablet</i>	2	EDS
<i>mirtazapine oral tablet</i>	2	EDS
<i>mirtazapine oral tablet dispersible</i>	2	EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	2	EDS
<i>perphenazine-amitriptyline oral tablet</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	PA New Starts
MARPLAN ORAL TABLET	3	EDS
<i>phenelzine sulfate oral tablet</i>	2	EDS
<i>tranylcypromine sulfate oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>citalopram hydrobromide oral solution</i>	2	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	2	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	2	QL (30 EA per 30 days); EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (90 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
<i>fluoxetine hcl oral capsule</i>	2	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	2	EDS
<i>fluoxetine hcl oral solution</i>	2	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	2	EDS
<i>fluvoxamine maleate oral tablet</i>	2	EDS
<i>nefazodone hcl oral tablet</i>	2	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>paroxetine hcl oral suspension</i>	4	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate oral capsule</i>	2	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>trazodone hcl oral tablet</i>	2	EDS
TRINTELLIX ORAL TABLET	4	QL (30 EA per 30 days); EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
VIIBRYD STARTER PACK ORAL KIT	4	
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	4	QL (30 EA per 30 days); EDS
<i>vilazodone hcl oral tablet 40 mg</i>	4	EDS
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	2	EDS
<i>amoxapine oral tablet</i>	2	EDS
<i>clomipramine hcl oral capsule</i>	2	EDS
<i>desipramine hcl oral tablet</i>	2	EDS
<i>doxepin hcl oral capsule</i>	2	EDS
<i>doxepin hcl oral concentrate</i>	2	EDS
<i>imipramine hcl oral tablet</i>	2	EDS
<i>nortriptyline hcl oral capsule</i>	2	EDS
<i>nortriptyline hcl oral solution</i>	2	EDS
<i>protriptyline hcl oral tablet</i>	2	EDS
<i>trimipramine maleate oral capsule</i>	2	EDS
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>compro rectal suppository</i>	2	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>prochlorperazine rectal suppository</i>	2	
<i>promethazine hcl oral syrup</i>	4	PA; PA not required if under 65 years of age.

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
<i>scopolamine transdermal patch 72 hour</i>	2	
<i>trimethobenzamide hcl oral capsule</i>	2	
Emetogenic Therapy Adjuncts		
ANZEMET ORAL TABLET 50 MG	4	BD
<i>aprepitant oral capsule</i>	2	BD
<i>dronabinol oral capsule</i>	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	BD
<i>granisetron hcl oral tablet</i>	2	BD
<i>ondansetron hcl oral solution</i>	2	BD
<i>ondansetron hcl oral tablet</i>	2	BD
<i>ondansetron oral tablet dispersible</i>	2	BD
SANCUSO TRANSDERMAL PATCH	5	
SYNDROS ORAL SOLUTION	4	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	BD
ZUPLENZ ORAL FILM	4	BD
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	BD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	BD
<i>amphotericin b intravenous solution reconstituted</i>	2	BD
<i>casprofungin acetate intravenous solution reconstituted</i>	2	BD
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA ORAL CAPSULE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>econazole nitrate external cream</i>	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	2	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	
GYNAZOLE-1 VAGINAL CREAM	4	
<i>itraconazole oral capsule</i>	4	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	4	PA; Prior authorization not required for infectious diseases specialists.
JUBLIA EXTERNAL SOLUTION	5	PA
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet</i>	2	PA
MENTAX EXTERNAL CREAM	4	
<i>micafungin sodium intravenous solution reconstituted</i>	2	
<i>miconazole 3 vaginal suppository</i>	4	
<i>naftifine hcl external cream</i>	2	
NAFTIN EXTERNAL GEL	4	
NOXAFIL ORAL SUSPENSION	5	
<i>nyamyc external powder</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
<i>oxiconazole nitrate external cream</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
OXISTAT EXTERNAL LOTION	4	
<i>posaconazole oral tablet delayed release</i>	5	
<i>tavaborole external solution</i>	4	PA
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
TOLSURA ORAL CAPSULE	5	PA; Prior authorization not required for infectious diseases specialists.
VIVJOA ORAL CAPSULE THERAPY PACK	4	PA; QL (18 EA per 84 days); EDS
<i>voriconazole intravenous solution reconstituted</i>	5	BD
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	EDS
<i>febuxostat oral tablet</i>	2	ST; EDS
<i>probenecid oral tablet</i>	2	EDS
Antimigraine Agents		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE	3	PA
UBRELVY ORAL TABLET	3	PA
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tablet</i>	2	
MIGERGOT RECTAL SUPPOSITORY	5	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
QULIPTA ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
<i>timolol maleate oral tablet</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
Serotonin (5-Ht) Receptor Agonist		
<i>almotriptan malate oral tablet</i>	2	
<i>eletriptan hydrobromide oral tablet</i>	2	
<i>frovatriptan succinate oral tablet</i>	2	
<i>naratriptan hcl oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet dispersible</i>	2	
<i>sumatriptan nasal solution</i>	2	
<i>sumatriptan succinate oral tablet</i>	2	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	2	
<i>zolmitriptan nasal solution 5 mg</i>	3	
<i>zolmitriptan oral tablet</i>	2	
<i>zolmitriptan oral tablet dispersible</i>	2	
ZOMIG NASAL SOLUTION 2.5 MG	3	
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone external gel 7.5 %</i>	4	
<i>dapsone oral tablet</i>	2	EDS
PRIFTIN ORAL TABLET	4	
<i>rifabutin oral capsule</i>	2	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	EDS
<i>isoniazid oral tablet</i>	2	EDS
PASER ORAL PACKET	4	
PRETOMANID ORAL TABLET	4	PA
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	PA
TRECTOR ORAL TABLET	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	2	BD
<i>cyclophosphamide oral tablet</i>	2	BD
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	LA
VALCHLOR EXTERNAL GEL	5	PA New Starts
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	2	PA New Starts
<i>bicalutamide oral tablet</i>	2	
ERLEADA ORAL TABLET	5	PA New Starts
<i>flutamide oral capsule</i>	2	
<i>nilutamide oral tablet</i>	5	
NUBEQA ORAL TABLET	5	PA New Starts; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>toremifene citrate oral tablet</i>	5	
XTANDI ORAL CAPSULE	5	PA New Starts
XTANDI ORAL TABLET	5	PA New Starts
Antiangiogenic Agents		
<i>lenalidomide oral capsule</i>	5	PA New Starts
POMALYST ORAL CAPSULE	5	PA New Starts; LA
REVLIMID ORAL CAPSULE	5	PA New Starts; LA
THALOMID ORAL CAPSULE	5	LA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	
SOLTAMOX ORAL SOLUTION	3	EDS
<i>tamoxifen citrate oral tablet</i>	2	EDS
Antimetabolites		
DROXIA ORAL CAPSULE	2	EDS
<i>hydroxyurea oral capsule</i>	2	
INQOVI ORAL TABLET	5	PA New Starts; LA
ONUREG ORAL TABLET	5	PA New Starts; QL (30 EA per 30 days)
PURIXAN ORAL SUSPENSION	3	LA
<i>tabloid oral tablet</i>	2	
Antineoplastics, Other		
GAVRETO ORAL CAPSULE	5	PA New Starts; LA
IDHIFA ORAL TABLET	5	PA New Starts; LA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
LONSURF ORAL TABLET	5	PA New Starts; LA
LUMAKRAS ORAL TABLET	5	PA New Starts
LYNPARZA ORAL TABLET	5	PA New Starts; LA
<i>methotrexate oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
NINLARO ORAL CAPSULE	5	PA New Starts; QL (3 EA per 28 days)
ORGOVYX ORAL TABLET	5	PA New Starts; LA
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
RETEVMO ORAL CAPSULE 40 MG	5	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA New Starts
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts
TREXALL ORAL TABLET	4	
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
WELIREG ORAL TABLET	5	PA New Starts
XATMEP ORAL SOLUTION	4	PA New Starts
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (20 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (12 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (32 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE	3	
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	2	EDS
<i>exemestane oral tablet</i>	2	EDS
<i>letrozole oral tablet</i>	2	EDS
Enzyme Inhibitors		
IBRANCE ORAL TABLET	5	PA New Starts; LA
TIBSOVO ORAL TABLET	5	PA New Starts; LA
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE	5	PA New Starts
ALUNBRIG ORAL TABLET	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET	5	PA New Starts; LA
BOSULIF ORAL TABLET	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE	5	PA New Starts
CABOMETYX ORAL TABLET	5	PA New Starts; LA
CALQUENCE ORAL CAPSULE	5	PA New Starts
CALQUENCE ORAL TABLET	5	PA New Starts
CAPRELSA ORAL TABLET	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
COTELLIC ORAL TABLET	5	PA New Starts
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE	5	PA New Starts
<i>erlotinib hcl oral tablet</i>	5	PA New Starts

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
<i>everolimus oral tablet soluble</i>	5	PA New Starts
EXKIVITY ORAL CAPSULE	5	PA New Starts; LA
FOTIVDA ORAL CAPSULE	5	PA New Starts; LA
GILOTRIF ORAL TABLET	5	PA New Starts; LA
IBRANCE ORAL CAPSULE	5	PA New Starts; LA
ICLUSIG ORAL TABLET	5	PA New Starts
<i>imatinib mesylate oral tablet</i>	2	
IMBRUVICA ORAL CAPSULE	5	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION	5	PA New Starts; LA
IMBRUVICA ORAL TABLET	5	PA New Starts; LA
INLYTA ORAL TABLET	5	PA New Starts; LA
INREBIC ORAL CAPSULE	5	PA New Starts; LA
IRESSA ORAL TABLET	5	PA New Starts; LA
JAKAFI ORAL TABLET	5	PA New Starts; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KOSELUGO ORAL CAPSULE	5	PA New Starts; LA
<i>lapatinib ditosylate oral tablet</i>	5	PA New Starts
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET	5	PA New Starts
MEKTOVI ORAL TABLET	5	PA New Starts; LA
NERLYNX ORAL TABLET	5	PA New Starts; LA
ODOMZO ORAL CAPSULE	5	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	5	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
QINLOCK ORAL TABLET	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA New Starts; LA
RUBRACA ORAL TABLET	5	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	5	PA New Starts
SCEMBLIX ORAL TABLET 20 MG	5	PA New Starts; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA New Starts; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet</i>	5	PA New Starts
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	5	PA New Starts; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	5	PA New Starts; QL (60 EA per 30 days)
STIVARGA ORAL TABLET	5	PA New Starts; LA
<i>sunitinib malate oral capsule</i>	5	PA New Starts
TABRECTA ORAL TABLET 150 MG	5	PA New Starts; QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG	5	PA New Starts

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	5	PA New Starts
TAGRISSE ORAL TABLET	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
TASIGNA ORAL CAPSULE	5	PA New Starts
TAZVERIK ORAL TABLET	5	PA New Starts; LA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET	5	PA New Starts
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; QL (63 EA per 28 days)
TURALIO ORAL CAPSULE	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO ORAL TABLET	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VONJO ORAL CAPSULE	5	PA New Starts; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET	5	PA New Starts
XALKORI ORAL CAPSULE	5	PA New Starts; LA
XOSPATA ORAL TABLET	5	PA New Starts; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZEJULA ORAL CAPSULE	5	PA New Starts; LA
ZELBORAF ORAL TABLET	5	PA New Starts
ZYDELIG ORAL TABLET	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
Retinoids		
<i>bexarotene external gel</i>	5	PA New Starts
<i>bexarotene oral capsule</i>	5	
<i>tretinoin oral capsule</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium oral tablet</i>	2	
MESNEX ORAL TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	5	
EMVERM ORAL TABLET CHEWABLE	4	
<i>ivermectin oral tablet</i>	2	
<i>praziquantel oral tablet</i>	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	5	
<i>atovaquone oral suspension</i>	5	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	EDS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	EDS
<i>mefloquine hcl oral tablet</i>	2	EDS
<i>nitazoxanide oral tablet</i>	5	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	2	EDS
<i>trihexyphenidyl hcl oral solution</i>	2	EDS
<i>trihexyphenidyl hcl oral tablet</i>	2	EDS
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	EDS
<i>entacapone oral tablet</i>	2	EDS
ONGENTYS ORAL CAPSULE	4	ST; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	4	PA; EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	4	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	4	PA; EDS
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge</i>	5	PA
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
KYNMOBI SUBLINGUAL FILM	5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride oral tablet</i>	2	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>ropinirole hcl oral tablet</i>	2	EDS
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>carbidopa-levodopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	2	EDS
DUOPA ENTERAL SUSPENSION	5	PA
INBRIJA INHALATION CAPSULE	5	PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	2	EDS
<i>selegiline hcl oral capsule</i>	2	EDS
<i>selegiline hcl oral tablet</i>	2	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	5	
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate</i>	4	EDS
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>fluphenazine decanoate injection solution</i>	2	BD
<i>fluphenazine hcl injection solution</i>	2	BD
<i>fluphenazine hcl oral concentrate</i>	2	EDS
<i>fluphenazine hcl oral elixir</i>	2	EDS
<i>fluphenazine hcl oral tablet</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	BD
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	EDS
<i>haloperidol oral tablet</i>	2	EDS
<i>loxapine succinate oral capsule</i>	2	EDS
<i>molindone hcl oral tablet</i>	2	EDS
<i>perphenazine oral tablet</i>	2	EDS
<i>pimozide oral tablet</i>	2	EDS
<i>thioridazine hcl oral tablet</i>	2	EDS
<i>thiothixene oral capsule</i>	2	EDS
<i>trifluoperazine hcl oral tablet</i>	2	EDS
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible</i>	4	QL (60 EA per 30 days); EDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
<i>asenapine maleate sublingual tablet sublingual</i>	4	EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	PA New Starts; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA New Starts
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	5	QL (90 EA per 30 days)
FANAPT ORAL TABLET 10 MG	5	QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	
FANAPT TITRATION PACK ORAL TABLET	4	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	PA New Starts
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	5	
LATUDA ORAL TABLET 20 MG, 40 MG	5	QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour</i>	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	3	BD
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	BD
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	5	QL (30 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	5	
VRAYLAR ORAL CAPSULE	5	PA New Starts; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
<i>ziprasidone hcl oral capsule</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
Treatment-Resistant		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	2	
VERSACLOZ ORAL SUSPENSION	4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>baclofen oral tablet 5 mg</i>	4	EDS
<i>dantrolene sodium oral capsule</i>	2	
<i>tizanidine hcl oral capsule</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	2	EDS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET	5	PA; LA
PREVYMIS ORAL TABLET	5	PA
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	2	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	5	
BARACLUDE ORAL SOLUTION	5	
<i>entecavir oral tablet</i>	2	EDS
EPIVIR HBV ORAL SOLUTION	3	EDS
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet 100 mg</i>	2	EDS
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
VEMLIDY ORAL TABLET	5	PA; Prior authorization not required for gastroenterologists or infectious diseases specialists.
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA ORAL PACKET	5	PA
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA
HARVONI ORAL PACKET	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA
MAVYRET ORAL PACKET	5	PA
MAVYRET ORAL TABLET	5	PA
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA
SOVALDI ORAL PACKET	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SOVALDI ORAL TABLET 400 MG	5	PA
VOSEVI ORAL TABLET	5	PA
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	BD
<i>famciclovir oral tablet</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	5	
DOVATO ORAL TABLET	5	
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
STRIBILD ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	3	EDS
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	5	
EDURANT ORAL TABLET	5	
<i>efavirenz oral capsule</i>	2	EDS
<i>efavirenz oral tablet</i>	2	EDS
<i>etravirine oral tablet</i>	5	
INTELENCE ORAL TABLET 25 MG	3	EDS
<i>nevirapine er oral tablet extended release 24 hour</i>	2	EDS
<i>nevirapine oral suspension</i>	2	EDS
<i>nevirapine oral tablet</i>	2	EDS
PIFELTRO ORAL TABLET	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	2	EDS
<i>abacavir sulfate oral tablet</i>	2	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	2	EDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	
CIMDUO ORAL TABLET	5	
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET 200-25 MG	5	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	5	
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	
<i>emtricitabine oral capsule</i>	2	EDS
<i>emtricitabine-tenofovir df oral tablet</i>	2	EDS
EMTRIVA ORAL SOLUTION	3	EDS
JULUCA ORAL TABLET	5	
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	EDS
<i>lamivudine-zidovudine oral tablet</i>	2	EDS
ODEFSEY ORAL TABLET	5	
TEMIXYS ORAL TABLET	5	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
TRIZIVIR ORAL TABLET	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine oral capsule</i>	2	EDS
<i>zidovudine oral syrup</i>	2	EDS
<i>zidovudine oral tablet</i>	2	EDS
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
<i>maraviroc oral tablet</i>	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
SELZENTRY ORAL TABLET 75 MG	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
TRIUMEQ ORAL TABLET	5	
TRIUMEQ PD ORAL TABLET SOLUBLE	5	
TYBOST ORAL TABLET	3	EDS
Anti-Hiv Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	3	EDS
APTIVUS ORAL SOLUTION	3	EDS
<i>atazanavir sulfate oral capsule</i>	2	EDS
EVOTAZ ORAL TABLET	5	
<i>fosamprenavir calcium oral tablet</i>	2	EDS
INVIRASE ORAL TABLET	5	
LEXIVA ORAL SUSPENSION	3	EDS
<i>lopinavir-ritonavir oral solution</i>	4	EDS
<i>lopinavir-ritonavir oral tablet</i>	2	EDS
NORVIR ORAL PACKET	3	EDS
NORVIR ORAL SOLUTION	3	EDS
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	
PREZISTA ORAL TABLET 75 MG	3	EDS
REYATAZ ORAL PACKET	5	
<i>ritonavir oral tablet</i>	2	EDS
VIRACEPT ORAL TABLET	5	
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral solution</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>oseltamivir phosphate oral capsule</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	
<i>rimantadine hcl oral tablet</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>oxazepam oral capsule</i>	2	
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam oral tablet</i>	2	
<i>alprazolam oral tablet dispersible</i>	2	
<i>chlordiazepoxide hcl oral capsule</i>	2	
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
Ssris/Snrts (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>paroxetine hcl oral suspension</i>	4	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Bipolar Agents		
Bipolar Agents, Other		
<i>asenapine maleate sublingual tablet sublingual</i>	4	EDS
<i>lamotrigine oral tablet 25 mg</i>	2	EDS
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	5	
LATUDA ORAL TABLET 20 MG, 40 MG	5	QL (30 EA per 30 days)
LYBALVI ORAL TABLET	5	PA New Starts
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	EDS
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	EDS
<i>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>lithium carbonate er oral tablet extended release</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>lithium carbonate oral capsule</i>	2	EDS
<i>lithium carbonate oral tablet</i>	2	EDS
<i>lithium oral solution</i>	2	EDS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	2	EDS
<i>colesevelam hcl oral packet</i>	4	EDS
<i>colesevelam hcl oral tablet</i>	4	EDS
CYCLOSET ORAL TABLET	4	EDS
FARXIGA ORAL TABLET	2	EDS
<i>glimepiride oral tablet</i>	1	EDS
<i>glipizide er oral tablet extended release 24 hour</i>	1	EDS
<i>glipizide oral tablet</i>	1	EDS
<i>glipizide-metformin hcl oral tablet</i>	1	EDS
GLYXAMBI ORAL TABLET	2	EDS
JARDIANCE ORAL TABLET	2	EDS
JENTADUETO ORAL TABLET	2	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metformin hcl oral solution</i>	4	EDS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	EDS
<i>miglitol oral tablet</i>	2	EDS
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
<i>nateglinide oral tablet</i>	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
<i>pioglitazone hcl oral tablet</i>	2	PA; EDS
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
RYBELSUS ORAL TABLET 14 MG	2	EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	2	QL (30 EA per 30 days); EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYNJARDY ORAL TABLET	2	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TRADJENTA ORAL TABLET	2	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
Blood Glucose Regulators		
GVOKE KIT SUBCUTANEOUS SOLUTION	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	2	
<i>diazoxide oral suspension</i>	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
<i>glucagon emergency injection kit</i>	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE KIT SUBCUTANEOUS SOLUTION	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
KORLYM ORAL TABLET	5	PA New Starts; LA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
Insulins		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	
<i>cvs gauze sterile pad 2"x2"</i>	2	
<i>exel comfort point pen needle 29g x 12mm</i>	2	
HUMALOG INJECTION SOLUTION	3	Senior Savings Model insulin; EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	Senior Savings Model insulin; EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	Senior Savings Model insulin; EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	Senior Savings Model insulin; EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	Senior Savings Model insulin; EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	Senior Savings Model insulin; EDS
HUMULIN R INJECTION SOLUTION	3	Senior Savings Model insulin; EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	Senior Savings Model insulin; EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	3	Senior Savings Model insulin; EDS
<i>insulin lispro injection solution</i>	3	Senior Savings Model insulin; EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	Senior Savings Model insulin; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	3	Senior Savings Model insulin; EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
LANTUS SUBCUTANEOUS SOLUTION	3	Senior Savings Model insulin; EDS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
LEVEMIR SUBCUTANEOUS SOLUTION	3	Senior Savings Model insulin; EDS
LYUMJEV INJECTION SOLUTION	3	Senior Savings Model insulin; EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	Senior Savings Model insulin; EDS
TRESIBA SUBCUTANEOUS SOLUTION	3	Senior Savings Model insulin; EDS
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule</i>	2	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	EDS
ELIQUIS ORAL TABLET	3	EDS
<i>enoxaparin sodium injection solution prefilled syringe</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>jantoven oral tablet</i>	1	EDS
PRADAXA ORAL CAPSULE	3	EDS
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL SUSPENSION RECONSTITUTED	3	EDS
XARELTO ORAL TABLET	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule</i>	2	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM INJECTION SOLUTION	5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA
OXBRYTA ORAL TABLET	5	PA; LA
OXBRYTA ORAL TABLET SOLUBLE	5	PA; LA
PROCRIT INJECTION SOLUTION	4	PA
PROMACTA ORAL PACKET	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET	5	PA; LA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; LA; QL (7 EA per 7 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; QL (14 EA per 14 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
Hemostasis Agents		
<i>tranexamic acid oral tablet</i>	2	
Platelet Modifying Agents		
<i>aspirin 81 mg enteric-coated</i>	2	ENH, OTC \$0 copay, for coverage have your ordering provider send a prescription to your pharmacist; QL (60 EA per 30 days)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	EDS
BRILINTA ORAL TABLET	3	EDS
CABLIVI INJECTION KIT	5	PA; LA
<i>cilostazol oral tablet</i>	4	PA; EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dipyridamole oral tablet</i>	2	EDS
DOPTELET ORAL TABLET 20 MG	5	PA; LA
<i>prasugrel hcl oral tablet</i>	2	EDS
TAVALISSE ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
TAVALISSE ORAL TABLET 150 MG	5	PA; LA
ZONTIVITY ORAL TABLET	4	PA New Starts; EDS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</i>	2	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	EDS
<i>droxidopa oral capsule</i>	5	PA
<i>guanfacine hcl oral tablet</i>	2	EDS
<i>methyldopa oral tablet</i>	2	EDS
<i>midodrine hcl oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet</i>	2	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
<i>terazosin hcl oral capsule</i>	1	EDS
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet</i>	2	EDS
<i>irbesartan oral tablet</i>	1	EDS
<i>losartan potassium oral tablet</i>	1	EDS
<i>olmesartan medoxomil oral tablet</i>	1	EDS
<i>telmisartan oral tablet</i>	2	EDS
<i>valsartan oral tablet</i>	1	EDS
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet</i>	1	EDS
<i>captopril oral tablet</i>	4	EDS
<i>enalapril maleate oral tablet</i>	1	EDS
<i>fosinopril sodium oral tablet</i>	1	EDS
<i>lisinopril oral tablet</i>	1	EDS
<i>moexipril hcl oral tablet</i>	2	EDS
<i>perindopril erbumine oral tablet</i>	2	EDS
<i>quinapril hcl oral tablet</i>	1	EDS
<i>ramipril oral capsule</i>	1	EDS
<i>trandolapril oral tablet</i>	1	EDS
Antiarrhythmics		
<i>amiodarone hcl oral tablet</i>	2	EDS
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	2	PA; Prior authorization not required for cardiologists.; EDS
<i>digox oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	2	PA; Prior authorization not required for cardiologists.; EDS
<i>digoxin oral solution</i>	2	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; Prior authorization not required for cardiologists.; EDS
<i>digoxin oral tablet 62.5 mcg</i>	4	QL (30 EA per 30 days); EDS
<i>disopyramide phosphate oral capsule</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>dofetilide oral capsule</i>	2	EDS
<i>flecainide acetate oral tablet</i>	2	EDS
<i>mexiletine hcl oral capsule</i>	2	EDS
MULTAQ ORAL TABLET	4	PA; QL (60 EA per 30 days); EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	EDS
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>propafenone hcl oral tablet</i>	2	EDS
<i>quinidine gluconate er oral tablet extended release</i>	2	EDS
<i>quinidine sulfate oral tablet</i>	2	EDS
<i>sorine oral tablet</i>	2	EDS
<i>sotalol hcl (af) oral tablet</i>	2	EDS
<i>sotalol hcl oral tablet</i>	2	EDS
SOTYLIZE ORAL SOLUTION	4	EDS
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	EDS
<i>atenolol oral tablet</i>	1	EDS
<i>betaxolol hcl oral tablet</i>	2	EDS
<i>bisoprolol fumarate oral tablet</i>	1	EDS
<i>carvedilol oral tablet</i>	1	EDS
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days); EDS
<i>labetalol hcl oral tablet</i>	2	EDS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>metoprolol tartrate oral tablet</i>	2	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	EDS
<i>nebivolol hcl oral tablet</i>	2	EDS
<i>pindolol oral tablet</i>	2	EDS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>propranolol hcl oral solution</i>	2	EDS
<i>propranolol hcl oral tablet</i>	1	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet</i>	1	EDS
<i>felodipine er oral tablet extended release 24 hour</i>	2	EDS
<i>isradipine oral capsule</i>	4	EDS
<i>nicardipine hcl oral capsule</i>	2	EDS
<i>nifedipine er oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine oral capsule</i>	2	EDS
<i>nimodipine oral capsule</i>	4	EDS
NYMALIZE ORAL SOLUTION 6 MG/ML	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
<i>cartia xt oral capsule extended release 24 hour</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>diltiazem hcl oral tablet</i>	2	EDS
<i>dilt-xr oral capsule extended release 24 hour</i>	2	EDS
<i>matzim la oral tablet extended release 24 hour</i>	2	EDS
<i>taztia xt oral capsule extended release 24 hour</i>	2	EDS
<i>tiadylt er oral capsule extended release 24 hour</i>	2	EDS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>verapamil hcl er oral tablet extended release</i>	2	EDS
<i>verapamil hcl oral tablet</i>	2	EDS
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ALDACTAZIDE ORAL TABLET 50-50 MG	3	EDS
<i>aliskiren fumarate oral tablet</i>	4	ST; EDS
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	EDS
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	EDS
<i>amlodipine besylate-valsartan oral tablet</i>	2	EDS
<i>amlodipine-atorvastatin oral tablet</i>	2	EDS
<i>amlodipine-olmesartan oral tablet</i>	2	EDS
<i>amlodipine-valsartan-hctz oral tablet</i>	2	EDS
<i>atenolol-chlorthalidone oral tablet</i>	1	EDS
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	EDS
CAMZYOS ORAL CAPSULE	5	PA; LA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet</i>	2	EDS
<i>captopril-hydrochlorothiazide oral tablet</i>	4	EDS
CORLANOR ORAL SOLUTION	4	PA; EDS
CORLANOR ORAL TABLET	4	PA; EDS
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	EDS
ENTRESTO ORAL TABLET	2	EDS
<i>fosinopril sodium-hctz oral tablet</i>	1	EDS
<i>hydrochlorothiazide oral tablet 25 mg</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EDS
<i>isosorb dinitrate-hydralazine oral tablet</i>	4	EDS
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>losartan potassium-hctz oral tablet</i>	1	EDS
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	4	EDS
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	EDS
<i>metyrosine oral capsule</i>	5	
NEXLETOL ORAL TABLET	4	PA New Starts; EDS
NEXLIZET ORAL TABLET	4	PA New Starts; EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	1	EDS
<i>olmesartan-amlodipine-hctz oral tablet</i>	2	EDS
ORLADEYO ORAL CAPSULE	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release</i>	2	EDS
<i>propranolol-hctz oral tablet</i>	2	EDS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>ranolazine er oral tablet extended release 12 hour</i>	2	EDS
<i>spironolactone-hctz oral tablet</i>	1	EDS
TEKTURNA HCT ORAL TABLET	4	ST; EDS
<i>telmisartan-hctz oral tablet</i>	2	EDS
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	2	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	EDS
VECAMYL ORAL TABLET	5	PA; LA
VERQUVO ORAL TABLET 10 MG	4	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days); EDS
Diuretics, Loop		
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	EDS
<i>ethacrynic acid oral tablet</i>	4	EDS
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>toremide oral tablet</i>	1	EDS
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	1	EDS
<i>eplerenone oral tablet</i>	1	EDS
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days); EDS
<i>spironolactone oral tablet</i>	1	EDS
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
DIURIL ORAL SUSPENSION	3	EDS
<i>hydrochlorothiazide oral capsule</i>	1	EDS
<i>hydrochlorothiazide oral tablet 12.5 mg, 50 mg</i>	1	EDS
<i>indapamide oral tablet</i>	1	EDS
<i>metolazone oral tablet</i>	1	EDS
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	EDS
<i>fenofibric acid oral capsule delayed release</i>	2	EDS
<i>gemfibrozil oral tablet</i>	2	EDS
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>fluvastatin sodium oral capsule</i>	2	EDS
LIVALO ORAL TABLET 1 MG, 2 MG	4	QL (45 EA per 30 days); EDS
LIVALO ORAL TABLET 4 MG	4	EDS
<i>lovastatin oral tablet</i>	1	EDS
<i>pravastatin sodium oral tablet</i>	1	EDS
<i>rosuvastatin calcium oral tablet</i>	1	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	2	PA New Starts; EDS
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	2	EDS
<i>cholestyramine oral packet</i>	2	EDS
<i>colesevelam hcl oral packet</i>	4	EDS
<i>colesevelam hcl oral tablet</i>	4	EDS
<i>colestipol hcl oral packet</i>	2	EDS
<i>colestipol hcl oral tablet</i>	2	EDS
<i>ezetimibe oral tablet</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	2	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	2	PA New Starts; EDS
<i>icosapent ethyl oral capsule</i>	2	EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	EDS
<i>omega-3-acid ethyl esters oral capsule</i>	4	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA New Starts; EDS
<i>prevalite oral packet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA New Starts; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA New Starts; EDS
VASCEPA ORAL CAPSULE	3	EDS
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet</i>	2	EDS
<i>minoxidil oral tablet</i>	4	PA; EDS
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	EDS
<i>isosorbide mononitrate oral tablet</i>	2	EDS
<i>minitran transdermal patch 24 hour</i>	2	EDS
NITRO-BID TRANSDERMAL OINTMENT	4	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	EDS
<i>nitroglycerin sublingual tablet sublingual</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual solution</i>	2	EDS
RECTIV RECTAL OINTMENT	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	2	EDS
<i>amphetamine-dextroamphetamine oral tablet</i>	2	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	EDS
<i>methamphetamine hcl oral tablet</i>	2	PA; QL (150 EA per 30 days); EDS
VYVANSE ORAL CAPSULE	4	QL (30 EA per 30 days); EDS
VYVANSE ORAL TABLET CHEWABLE	4	QL (30 EA per 30 days); EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule</i>	2	EDS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	4	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>dexmethylphenidate hcl oral tablet</i>	2	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	2	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	2	EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	4	EDS
<i>methylphenidate hcl er oral tablet extended release</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>methylphenidate hcl oral solution</i>	2	EDS
<i>methylphenidate hcl oral tablet</i>	2	EDS
<i>methylphenidate hcl oral tablet chewable</i>	2	EDS
<i>methylphenidate transdermal patch</i>	4	EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (30 EA per 30 days); EDS
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days); EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	EDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	5	PA; LA
AUSTEDO ORAL TABLET 6 MG, 9 MG	5	PA; LA; QL (60 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; LA
EXSERVAN ORAL FILM	5	ST; QL (60 EA per 30 days)
FIRDAPSE ORAL TABLET	5	PA; LA
GRALISE ORAL TABLET 300 MG	4	QL (30 EA per 30 days); EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
GRALISE ORAL TABLET 600 MG	4	EDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG	5	PA; LA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 80 MG	5	PA; LA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
NUEDEXTA ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA New Starts; LA; QL (70 ML per 28 days)
<i>riluzole oral tablet</i>	2	EDS
<i>tetrabenazine oral tablet</i>	5	PA; LA
TIGLUTIK ORAL SUSPENSION	5	
WAKIX ORAL TABLET 17.8 MG	5	PA; LA
WAKIX ORAL TABLET 4.45 MG	5	PA; LA; QL (90 EA per 30 days)
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	2	ST; QL (30 EA per 30 days); EDS
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	2	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	2	EDS
SAVELLA ORAL TABLET	3	EDS
SAVELLA TITRATION PACK ORAL	3	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET 14 MG	5	
AUBAGIO ORAL TABLET 7 MG	5	QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	
<i>dalfampridine er oral tablet extended release 12 hour</i>	2	PA; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	
<i>dimethyl fumarate starter pack oral</i>	5	
<i>fingolimod hcl oral capsule</i>	5	
GILENYA ORAL CAPSULE 0.5 MG	5	
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	5	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	PA
MAYZENT ORAL TABLET 0.25 MG	5	LA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG	5	LA; QL (30 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	LA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	LA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	LA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; LA
ZEPOSIA ORAL CAPSULE	5	PA; LA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	PA; LA

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline hcl oral capsule</i>	2	EDS
<i>chlorhexidine gluconate mouth/throat solution</i>	2	
<i>periogard mouth/throat solution</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	EDS
<i>triamcinolone acetonide mouth/throat paste</i>	2	

Dermatological Agents

Acne And Rosacea Agents

<i>acitretin oral capsule</i>	4	
<i>adapalene external cream</i>	4	
<i>adapalene external gel 0.1 %</i>	2	
<i>adapalene external gel 0.3 %</i>	4	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	
<i>amnestem oral capsule</i>	2	
<i>azelaic acid external gel</i>	2	
AZELEX EXTERNAL CREAM	3	
<i>claravis oral capsule</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	2	
DUOBRII EXTERNAL LOTION	5	PA
EPSOLAY EXTERNAL CREAM	4	ST
FABIOR EXTERNAL FOAM	3	PA; Prior authorization not required for dermatologists.
FINACEA EXTERNAL FOAM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
MIRVASO EXTERNAL GEL	4	
<i>myorisan oral capsule</i>	2	
<i>tazarotene external cream</i>	2	PA; Prior authorization not required for dermatologists.
<i>tazarotene external foam</i>	3	PA; Prior authorization not required for dermatologists.
<i>tazarotene external gel</i>	3	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL GEL	3	PA; Prior authorization not required for dermatologists.
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel</i>	2	
<i>tretinoin microsphere external gel</i>	2	
<i>zenatane oral capsule</i>	2	
Dermatitis And Pruitus Agents		
<i>ala-cort external cream</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external cream</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BRYHALI EXTERNAL LOTION	4	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
CAPEX EXTERNAL SHAMPOO	3	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external liquid</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
<i>desonide external cream</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
<i>desoximetasone external cream 0.25 %</i>	2	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment 0.25 %</i>	2	
<i>doxepin hcl external cream</i>	4	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EUCRISA EXTERNAL OINTMENT	3	ST
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream</i>	2	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
<i>hydrocortisone butyrate external lotion</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>pimecrolimus external cream</i>	4	
<i>prednicarbate external cream</i>	2	
<i>prednicarbate external ointment</i>	2	
PROCTO-PAK EXTERNAL CREAM	2	
<i>selenium sulfide external lotion</i>	2	
<i>tacrolimus external ointment</i>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	2	
VTAMA EXTERNAL CREAM	4	PA
Dermatological Agents, Other		
<i>betamethasone valerate external foam</i>	2	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	2	
<i>calcipotriene external solution</i>	2	
<i>calcitriol external ointment</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	3	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>global alcohol prep ease pad</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>imiquimod external cream 5 %</i>	2	
<i>methoxsalen rapid oral capsule</i>	2	
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
OTEZLA ORAL TABLET	5	PA
PANRETIN EXTERNAL GEL	3	PA New Starts
PICATO EXTERNAL GEL	5	
<i>podofilox external solution</i>	2	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	3	
<i>silver sulfadiazine external cream</i>	2	
<i>ssd external cream</i>	2	
Pediculicides/Scabicides		
<i>ivermectin external cream</i>	4	
<i>ivermectin external lotion</i>	4	
<i>lindane external shampoo</i>	2	
<i>malathion external lotion</i>	2	
<i>permethrin external cream</i>	2	
Topical Anti-Infectives		
<i>acyclovir external ointment</i>	2	
ALTABAX EXTERNAL OINTMENT	4	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	
<i>dapsone external gel 5 %</i>	2	
<i>mafenide acetate external packet</i>	4	
<i>mupirocin calcium external cream</i>	2	
<i>mupirocin external ointment</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	
<i>kcl-lactated ringers-d5w intravenous solution</i>	2	
<i>klor-con 10 oral tablet extended release</i>	2	EDS
<i>klor-con m10 oral tablet extended release</i>	2	EDS
<i>klor-con m15 oral tablet extended release</i>	2	EDS
<i>klor-con m20 oral tablet extended release</i>	2	EDS
<i>klor-con oral tablet extended release</i>	2	EDS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	4	EDS
<i>magnesium sulfate injection solution 50 %</i>	2	
<i>na sulfate-k sulfate-mg sulf oral solution</i>	3	
OSMOPREP ORAL TABLET	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	EDS
<i>potassium chloride er oral capsule extended release</i>	2	EDS
<i>potassium chloride er oral tablet extended release</i>	2	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet</i>	2	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
<i>potassium citrate er oral tablet extended release</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL SOLUTION	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	3	
<i>clovique oral capsule</i>	5	
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral tablet</i>	5	PA
<i>deferasirox oral tablet soluble</i>	5	PA
<i>deferiprone oral tablet</i>	5	PA New Starts
FERRIPROX ORAL SOLUTION	5	PA New Starts; LA
JYNARQUE ORAL TABLET	5	PA; LA
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; LA
<i>klor-con oral packet 20 meq</i>	2	EDS
<i>penicillamine oral capsule</i>	5	
<i>penicillamine oral tablet</i>	5	
SAMSCA ORAL TABLET 15 MG	5	PA
<i>tolvaptan oral tablet</i>	5	PA
<i>trientine hcl oral capsule</i>	5	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	3	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	BD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
CLINISOL SF INTRAVENOUS SOLUTION	3	BD
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
HEPATAMINE INTRAVENOUS SOLUTION	3	BD
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
<i>levocarnitine oral solution</i>	2	EDS
<i>levocarnitine oral tablet</i>	2	EDS
NEPHRAMINE INTRAVENOUS SOLUTION	3	BD
NUTRILIPID INTRAVENOUS EMULSION	3	BD
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
PROCALAMINE INTRAVENOUS SOLUTION	3	BD
PROSOL INTRAVENOUS SOLUTION	3	BD
<i>tpn electrolytes intravenous concentrate</i>	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
Phosphate Binders		
AURYXIA ORAL TABLET	5	PA
<i>calcium acetate (phos binder) oral capsule</i>	2	EDS
<i>calcium acetate oral tablet 667 mg</i>	2	EDS
<i>lanthanum carbonate oral tablet chewable</i>	2	EDS
PHOSLYRA ORAL SOLUTION	4	EDS
<i>sevelamer carbonate oral packet</i>	5	
<i>sevelamer carbonate oral tablet</i>	2	EDS
<i>sevelamer hcl oral tablet</i>	2	EDS
VELPHORO ORAL TABLET CHEWABLE	5	
Potassium Binders		
LOKELMA ORAL PACKET	3	EDS
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps oral suspension</i>	2	
VELTASSA ORAL PACKET	3	QL (30 EA per 30 days); EDS
Vitamins		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	ENH; QL (4 ML per 28 days)
<i>folic acid oral tablet 1 mg</i>	2	ENH; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>klor-con oral packet 20 meq</i>	2	EDS
PRENATAL ORAL TABLET 27-1 MG	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	ENH; QL (4 EA per 28 days); EDS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose oral solution</i>	2	EDS
<i>enulose oral solution</i>	2	EDS
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	EDS
KRISTALOSE ORAL PACKET 20 GM	4	EDS
<i>lactulose oral packet</i>	4	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
<i>lubiprostone oral capsule 24 mcg</i>	4	EDS
<i>lubiprostone oral capsule 8 mcg</i>	4	QL (60 EA per 30 days); EDS
MOVANTIK ORAL TABLET	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	4	
RELISTOR ORAL TABLET	5	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
SUTAB ORAL TABLET	3	
SYMPROIC ORAL TABLET	4	PA
<i>trilyte oral solution reconstituted</i>	2	
TRULANCE ORAL TABLET	4	EDS
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	QL (60 EA per 30 days); EDS
<i>alosetron hcl oral tablet 1 mg</i>	4	EDS
<i>diphenoxylate-atropine oral liquid</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>loperamide hcl oral capsule</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE	4	PA New Starts; EDS
VIBERZI ORAL TABLET	5	PA
XERMELO ORAL TABLET	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet</i>	2	
Gastrointestinal Agents		
<i>amoxicill-clarithro-lansopraz oral</i>	4	
HELIDAC THERAPY ORAL	4	
OMECLAMOX-PAK ORAL	4	
PYLERA ORAL CAPSULE	4	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	ST
Gastrointestinal Agents, Other		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; LA
BYLVAY ORAL CAPSULE	5	PA; LA
CHENODAL ORAL TABLET	5	PA; LA
CLENPIQ ORAL SOLUTION	4	
GATTEX SUBCUTANEOUS KIT	5	PA; LA
LIVMARLI ORAL SOLUTION	5	PA; LA
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	2	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
OICALIVA ORAL TABLET 10 MG	5	PA; LA
OICALIVA ORAL TABLET 5 MG	5	PA; LA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	EDS
<i>ursodiol oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	EDS
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
<i>famotidine oral suspension reconstituted</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
<i>nizatidine oral capsule</i>	2	EDS
<i>nizatidine oral solution</i>	2	EDS
Protectants		
<i>misoprostol oral tablet</i>	2	EDS
<i>sucralfate oral suspension</i>	2	EDS
<i>sucralfate oral tablet</i>	2	EDS
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release</i>	2	EDS
<i>lansoprazole oral capsule delayed release</i>	2	EDS
<i>omeprazole oral capsule delayed release</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	2	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	2	EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA New Starts; LA
<i>betaine oral powder</i>	3	EDS
CERDELGA ORAL CAPSULE	5	PA; LA
CHOLBAM ORAL CAPSULE	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
<i>cromolyn sodium oral concentrate</i>	2	EDS
CYSTAGON ORAL CAPSULE	3	LA; EDS
GALAFOLD ORAL CAPSULE	5	PA New Starts; LA
GLASSIA INTRAVENOUS SOLUTION	5	PA New Starts; LA
KEYEYIS ORAL TABLET	5	PA; LA
<i>miglustat oral capsule</i>	5	PA New Starts
<i>nitisinone oral capsule</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
NITYR ORAL TABLET	5	PA
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA
ORFADIN ORAL SUSPENSION	5	PA; LA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	4	EDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PLENAMINE INTRAVENOUS SOLUTION	3	BD
PROCYSBI ORAL PACKET	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
RAVICTI ORAL LIQUID	5	PA; LA
<i>sapropterin dihydrochloride oral packet</i>	5	PA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	2	EDS
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID ORAL SOLUTION	5	PA; LA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VIOKACE ORAL TABLET	4	EDS
VYNDAQEL ORAL CAPSULE	5	PA; LA
XURIDEN ORAL PACKET	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days); EDS
<i>flavoxate hcl oral tablet</i>	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	3	QL (30 EA per 30 days); EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	EDS
<i>oxybutynin chloride oral syrup</i>	2	EDS
<i>oxybutynin chloride oral tablet</i>	2	EDS
<i>solifenacin succinate oral tablet</i>	2	EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	EDS
<i>tolterodine tartrate oral tablet</i>	2	EDS
<i>tropium chloride er oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days); EDS
<i>tropium chloride oral tablet</i>	2	EDS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>doxazosin mesylate oral tablet</i>	2	EDS
<i>dutasteride oral capsule</i>	1	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>silodosin oral capsule</i>	2	EDS
<i>tamsulosin hcl oral capsule</i>	1	EDS
<i>terazosin hcl oral capsule</i>	1	EDS
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	2	
ELMIRON ORAL CAPSULE	5	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	ENH; QL (10 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	ENH; QL (6 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR INJECTION GEL	5	PA
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
CORTROPHIN INJECTION GEL	5	PA
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
EMFLAZA ORAL SUSPENSION	5	PA; LA
EMFLAZA ORAL TABLET	5	PA; LA
<i>fludrocortisone acetate oral tablet</i>	2	EDS
<i>hydrocortisone oral tablet</i>	2	
ISTURISA ORAL TABLET	5	PA
MEDROL ORAL TABLET 2 MG	4	BD
<i>methylprednisolone oral tablet</i>	2	BD
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	BD
<i>prednisone oral solution</i>	2	BD
<i>prednisone oral tablet</i>	2	BD
<i>prednisone oral tablet therapy pack</i>	2	
RECORLEV ORAL TABLET	5	PA; LA
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; LA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin acetate oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>desmopressin acetate spray nasal solution</i>	2	EDS
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA; EDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; EDS
HUMATROPE INJECTION CARTRIDGE	3	PA; EDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG	3	PA; EDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
ORLISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
VYNDAMAX ORAL CAPSULE	5	PA; LA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet</i>	2	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; EDS
<i>danazol oral capsule</i>	2	
METHITEST ORAL TABLET	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>methyltestosterone oral capsule</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA; Prior authorization not required for endocrinologists or urologists.; EDS
<i>testosterone enanthate intramuscular solution</i>	2	PA; Prior authorization not required for endocrinologists or urologists.; EDS
<i>testosterone transdermal gel 10 mg/act (2%)</i>	4	PA; EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	2	PA; EDS
<i>testosterone transdermal solution</i>	4	PA; EDS
Estrogens		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	EDS
<i>dotti transdermal patch twice weekly</i>	2	EDS
ELESTRIN TRANSDERMAL GEL	4	EDS
<i>estradiol oral tablet</i>	2	EDS
<i>estradiol transdermal patch twice weekly</i>	2	EDS
<i>estradiol transdermal patch weekly</i>	2	EDS
<i>estradiol vaginal cream</i>	2	EDS
<i>estradiol vaginal tablet</i>	2	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
ESTRING VAGINAL RING	4	EDS
EVAMIST TRANSDERMAL SOLUTION	4	EDS
FEMRING VAGINAL RING	4	EDS
<i>lyllana transdermal patch twice weekly</i>	2	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	EDS
MYFEMBREE ORAL TABLET	5	PA
ORIAHNN ORAL CAPSULE THERAPY PACK	5	PA
PREMARIN ORAL TABLET	3	EDS
PREMARIN VAGINAL CREAM	3	EDS
<i>yuvafem vaginal tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera oral tablet</i>	2	EDS
<i>alyacen 1/35 oral tablet</i>	2	EDS
<i>amabelz oral tablet</i>	2	EDS
<i>amethia oral tablet</i>	2	EDS
ANGELIQ ORAL TABLET	4	EDS
ANNOVERA VAGINAL RING	4	QL (1 EA per 365 days); EDS
<i>apri oral tablet</i>	2	EDS
<i>aranelle oral tablet</i>	2	EDS
<i>ashlyna oral tablet</i>	2	EDS
<i>aviane oral tablet</i>	2	EDS
BALCOLTRA ORAL TABLET	3	EDS
<i>balziva oral tablet</i>	2	EDS
<i>blisovi 24 fe oral tablet</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet</i>	2	EDS
<i>briellyn oral tablet</i>	2	EDS
<i>camrese lo oral tablet</i>	2	EDS
<i>caziant oral tablet</i>	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	EDS
<i>cryselle-28 oral tablet</i>	2	EDS
<i>cyclafem 1/35 oral tablet</i>	2	EDS
<i>cyclafem 7/7/7 oral tablet</i>	2	EDS
<i>cyred eq oral tablet</i>	2	EDS
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	EDS
<i>dolishale oral tablet</i>	2	EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	EDS
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	EDS
<i>eluryng vaginal ring</i>	2	EDS
<i>emoquette oral tablet</i>	2	EDS
<i>enpresse-28 oral tablet</i>	2	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	2	EDS
<i>estarylla oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet</i>	2	EDS
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	EDS
<i>falmina oral tablet</i>	2	EDS
<i>fayosim oral tablet</i>	2	EDS
<i>femynor oral tablet</i>	2	EDS
<i>fyavolv oral tablet</i>	2	EDS
<i>hailey 24 fe oral tablet</i>	2	EDS
<i>iclevia oral tablet</i>	2	EDS
<i>incassia oral tablet</i>	2	EDS
<i>introvale oral tablet</i>	2	EDS
<i>isibloom oral tablet</i>	2	EDS
<i>jasmiel oral tablet</i>	2	EDS
<i>jinteli oral tablet</i>	2	EDS
<i>juleber oral tablet</i>	2	EDS
<i>junel 1.5/30 oral tablet</i>	2	EDS
<i>junel 1/20 oral tablet</i>	2	EDS
<i>junel fe 1.5/30 oral tablet</i>	2	EDS
<i>junel fe 1/20 oral tablet</i>	2	EDS
<i>junel fe 24 oral tablet</i>	2	EDS
<i>kaitlib fe oral tablet chewable</i>	2	EDS
<i>kariva oral tablet</i>	2	EDS
<i>kelnor 1/35 oral tablet</i>	2	EDS
<i>kelnor 1/50 oral tablet</i>	2	EDS
<i>kurvelo oral tablet</i>	2	EDS
<i>larin 1.5/30 oral tablet</i>	2	EDS
<i>larin 1/20 oral tablet</i>	2	EDS
<i>larin fe 1.5/30 oral tablet</i>	2	EDS
<i>larin fe 1/20 oral tablet</i>	2	EDS
<i>larissia oral tablet</i>	2	EDS
<i>layolis fe oral tablet chewable</i>	2	EDS
<i>leena oral tablet</i>	2	EDS
<i>lessina oral tablet</i>	2	EDS
<i>levonest oral tablet</i>	2	EDS
<i>levonorgest-eth est & eth est oral tablet</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet</i>	2	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levora 0.15/30 (28) oral tablet</i>	2	EDS
LO LOESTRIN FE ORAL TABLET	4	EDS
<i>loryna oral tablet</i>	2	EDS
<i>low-ogestrel oral tablet</i>	2	EDS
<i>lutera oral tablet</i>	2	EDS
<i>marlissa oral tablet</i>	2	EDS
<i>melodetta 24 fe oral tablet chewable</i>	2	EDS
<i>mibelas 24 fe oral tablet chewable</i>	2	EDS
<i>microgestin 1.5/30 oral tablet</i>	2	EDS
<i>microgestin 1/20 oral tablet</i>	2	EDS
<i>microgestin 24 fe oral tablet</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet</i>	2	EDS
<i>microgestin fe 1/20 oral tablet</i>	2	EDS
<i>mili oral tablet</i>	2	EDS
<i>mimvey oral tablet</i>	2	EDS
NATAZIA ORAL TABLET	4	EDS
<i>necon 0.5/35 (28) oral tablet</i>	2	EDS
<i>nikki oral tablet</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet</i>	2	EDS
<i>norethindron-ethinyl estrad-fe oral tablet</i>	2	EDS
<i>norethin-eth estradiol-fe oral tablet chewable</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet</i>	2	EDS
<i>nortrel 1/35 (21) oral tablet</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet</i>	2	EDS
<i>nortrel 7/7/7 oral tablet</i>	2	EDS
<i>nylia 1/35 oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>nylia 7/7/7 oral tablet</i>	2	EDS
<i>nymyo oral tablet</i>	2	EDS
<i>ocella oral tablet</i>	2	EDS
<i>orsythia oral tablet</i>	2	EDS
<i>pimtrea oral tablet</i>	2	EDS
<i>pirmella 1/35 oral tablet</i>	2	EDS
<i>portia-28 oral tablet</i>	2	EDS
PREFEST ORAL TABLET	4	EDS
PREMPHASE ORAL TABLET	3	EDS
PREMPRO ORAL TABLET	3	EDS
<i>previfem oral tablet</i>	2	EDS
<i>reclipsen oral tablet</i>	2	EDS
<i>rivelsa oral tablet</i>	2	EDS
<i>setlakin oral tablet</i>	2	EDS
<i>sharobel oral tablet</i>	2	EDS
SLYND ORAL TABLET	4	EDS
<i>sprintec 28 oral tablet</i>	2	EDS
<i>sronyx oral tablet</i>	2	EDS
<i>syeda oral tablet</i>	2	EDS
<i>tarina 24 fe oral tablet</i>	2	EDS
<i>tilia fe oral tablet</i>	2	EDS
<i>tri-estarylla oral tablet</i>	2	EDS
<i>tri-legest fe oral tablet</i>	2	EDS
<i>tri-lo-estarylla oral tablet</i>	2	EDS
<i>tri-lo-sprintec oral tablet</i>	2	EDS
<i>tri-mili oral tablet</i>	2	EDS
<i>tri-nymyo oral tablet</i>	2	EDS
<i>tri-previfem oral tablet</i>	2	EDS
<i>tri-sprintec oral tablet</i>	2	EDS
<i>trivora (28) oral tablet</i>	2	EDS
<i>tri-vylibra lo oral tablet</i>	2	EDS
<i>tri-vylibra oral tablet</i>	2	EDS
TYDEMY ORAL TABLET	4	EDS
<i>velivet oral tablet</i>	2	EDS
<i>vestura oral tablet</i>	2	EDS
<i>vienva oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>vyfemla oral tablet</i>	2	EDS
<i>vylibra oral tablet</i>	2	EDS
<i>wymzya fe oral tablet chewable</i>	2	EDS
<i>xulane transdermal patch weekly</i>	2	EDS
<i>zafemy transdermal patch weekly</i>	2	EDS
<i>zarah oral tablet</i>	2	EDS
<i>zovia 1/35 (28) oral tablet</i>	2	EDS
Progestins		
<i>camila oral tablet</i>	2	EDS
<i>deblitane oral tablet</i>	2	EDS
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>errin oral tablet</i>	2	EDS
<i>lyleq oral tablet</i>	2	EDS
<i>lyza oral tablet</i>	2	EDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral tablet</i>	2	
<i>nora-be oral tablet</i>	2	EDS
<i>norethindrone acetate oral tablet</i>	2	EDS
<i>norethindrone oral tablet</i>	2	EDS
<i>progesterone oral capsule</i>	2	EDS
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET	4	EDS
<i>raloxifene hcl oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>euthyrox oral tablet</i>	1	EDS
<i>levo-t oral tablet</i>	1	EDS
<i>levothyroxine sodium oral tablet</i>	1	EDS
<i>levoxyl oral tablet</i>	1	EDS
<i>liothyronine sodium oral tablet</i>	2	EDS
SYNTHROID ORAL TABLET	4	EDS
<i>unithroid oral tablet</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	3	PA New Starts
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA New Starts
<i>leuprolide acetate injection kit</i>	2	PA New Starts
LUPANETA PACK COMBINATION KIT	5	PA New Starts
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA; LA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
SYNAREL NASAL SOLUTION	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	2	EDS
<i>propylthiouracil oral tablet</i>	2	EDS
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	5	PA New Starts; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
<i>icatibant acetate subcutaneous solution</i>	5	PA New Starts
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
<i>sajazir subcutaneous solution</i>	5	PA New Starts
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA New Starts; LA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts; LA
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	2	EDS
REVCovi INTRAMUSCULAR SOLUTION	5	PA; LA
RIDAURA ORAL CAPSULE	3	EDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5	QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	5	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XELJANZ ORAL SOLUTION	5	
XELJANZ ORAL TABLET 10 MG	5	
XELJANZ ORAL TABLET 5 MG	5	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts; LA
INTRON A INJECTION SOLUTION	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	3	PA New Starts; EDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
Immunosuppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EDS
AZASAN ORAL TABLET	3	BD; EDS
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	BD; EDS
<i>azathioprine oral tablet 50 mg</i>	2	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
<i>cyclosporine modified oral capsule</i>	2	BD; EDS
<i>cyclosporine modified oral solution</i>	2	BD; EDS
<i>cyclosporine oral capsule</i>	2	BD; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	BD
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	BD; EDS
<i>gengraf oral solution</i>	2	BD; EDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	
LUPKYNIS ORAL CAPSULE	5	PA; LA
<i>mercaptopurine oral tablet</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	2	BD; EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>mycophenolate sodium oral tablet delayed release</i>	2	BD; EDS
OTEZLA ORAL TABLET THERAPY PACK	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; EDS
PROGRAF ORAL PACKET 0.2 MG	4	BD; EDS
PROGRAF ORAL PACKET 1 MG	5	BD
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; EDS
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
REZUROCK ORAL TABLET	5	PA New Starts; LA
SANDIMMUNE ORAL SOLUTION	4	BD; EDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	PA
<i>sirolimus oral solution</i>	2	BD; EDS
<i>sirolimus oral tablet</i>	2	BD; EDS
<i>tacrolimus oral capsule</i>	2	BD; EDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	2	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOL INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
MENACTRA INTRAMUSCULAR SOLUTION	2	
MENQUADFI INTRAMUSCULAR SOLUTION	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION	2	BD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
RECOMBIVAX HB INJECTION SUSPENSION	2	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	2	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
YF-VAX SUBCUTANEOUS INJECTABLE	2	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule</i>	2	
DIPENTUM ORAL CAPSULE	5	
<i>mesalamine er oral capsule extended release</i>	5	
<i>mesalamine er oral capsule extended release 24 hour</i>	4	EDS
<i>mesalamine oral capsule delayed release</i>	4	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	EDS
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5	
<i>sulfasalazine oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>sulfasalazine oral tablet delayed release</i>	2	EDS
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
<i>hydrocortisone rectal enema</i>	2	
PROCTO-MED HC EXTERNAL CREAM	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
UCERIS RECTAL FOAM	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	2	EDS
<i>alendronate sodium oral tablet 10 mg</i>	2	EDS
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	EDS
BINOSTO ORAL TABLET EFFERVESCENT	4	EDS
<i>calcitonin (salmon) nasal solution</i>	2	EDS
<i>calcitriol oral capsule</i>	2	EDS
<i>calcitriol oral solution</i>	2	EDS
<i>cinacalcet hcl oral tablet 30 mg</i>	4	EDS
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	5	
<i>doxercalciferol oral capsule</i>	2	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA
<i>ibandronate sodium oral tablet</i>	1	EDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA
<i>paricalcitol oral capsule</i>	2	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	ST
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	2	EDS
<i>risedronate sodium oral tablet 30 mg</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	EDS
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION	5	PA New Starts
Non-Frf		
Non-Frf		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ACCRUFER ORAL CAPSULE	4	QL (60 EA per 30 days)
<i>afeditab cr oral tablet extended release 24 hour</i>	2	EDS
AKYNZEO ORAL CAPSULE	4	PA
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	2	BD; EDS
<i>alendronate sodium oral tablet 5 mg</i>	2	EDS
<i>amethia lo oral tablet</i>	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	BD
AMINOSYN M INTRAVENOUS SOLUTION	3	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	BD
<i>amphotericin b liposome intravenous suspension reconstituted</i>	4	BD
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	2	
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
ANADROL-50 ORAL TABLET	5	PA
ANZEMET ORAL TABLET 100 MG	4	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA New Starts; LA
<i>aubra oral tablet</i>	2	EDS
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
<i>azurette oral tablet</i>	2	EDS
BAQSIMI TWO PACK NASAL POWDER	2	
<i>bekyree oral tablet</i>	2	EDS
<i>blisovi fe 1/20 oral tablet</i>	2	EDS
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	5	PA; LA
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	4	PA New Starts
<i>camrese oral tablet</i>	2	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	5	PA
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	2	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	4	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	
<i>cholestyramine light oral powder</i>	2	EDS
<i>cholestyramine oral powder</i>	2	EDS
CIMZIA STARTER KIT SUBCUTANEOUS KIT	5	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>colestipol hcl oral granules</i>	2	EDS
<i>cortisone acetate oral tablet</i>	2	
CORTISPORIN-TC OTIC SUSPENSION	4	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	
CRIXIVAN ORAL CAPSULE 400 MG	3	EDS
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	5	PA; LA
<i>daysee oral tablet</i>	2	EDS
<i>delyla oral tablet</i>	2	EDS
DESCOVY ORAL TABLET 120-15 MG	5	
<i>desmopressin ace spray refrig nasal solution</i>	2	EDS
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
<i>dexamethasone oral solution</i>	2	
<i>dextrose in lactated ringers intravenous solution</i>	2	
<i>dextrose-nacl intravenous solution 5-0.33 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 5-0.225 %</i>	2	
<i>diazepam oral concentrate</i>	2	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	EDS
<i>diphenhydramine hcl oral elixir</i>	2	PA; PA not required if under 65 years of age.
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	4	EDS
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	4	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>duramorph injection solution</i>	2	
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA; LA
<i>enoxaparin sodium injection solution</i>	2	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	4	
<i>estradiol transdermal gel</i>	4	EDS
<i>fenofibric acid oral tablet</i>	2	EDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA
<i>fluocinolone acetonide body external oil</i>	2	
<i>flurbiprofen oral tablet 50 mg</i>	2	EDS
FREAMINE HBC INTRAVENOUS SOLUTION	3	BD
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	BD
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
<i>gavilyte-h oral kit</i>	2	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	
<i>glucagon emergency injection solution reconstituted</i>	2	
GRALISE ORAL	4	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (30 EA per 30 days)
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	2	
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
HYPERRAB INJECTION SOLUTION	2	BD

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ILARIS SUBCUTANEOUS SOLUTION	5	PA
IMCIVREE SUBCUTANEOUS SOLUTION	5	PA; LA
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
<i>jolessa oral tablet</i>	2	EDS
JYNNEOS SUBCUTANEOUS SUSPENSION	2	
<i>kionex oral suspension</i>	2	
KYNMOBI TITRATION KIT SUBLINGUAL KIT	5	PA
<i>lactated ringers intravenous solution</i>	2	
<i>lactated ringers irrigation solution</i>	2	
<i>lidocaine hcl (pf) injection solution 1 %</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
<i>lidocaine hcl urethral/mucosal external gel</i>	2	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	ST; QL (60 ML per 365 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	5	PA New Starts
<i>mesalamine-cleanser rectal kit</i>	2	
<i>methotrexate sodium (pf) injection solution 250 mg/10ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	
<i>mono-lynyah oral tablet</i>	2	EDS
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate injection solution 5 mg/ml</i>	2	
<i>morphine sulfate intravenous solution 10 mg/ml</i>	2	
<i>moxifloxacin hcl intravenous solution</i>	2	
<i>naftifine hcl external gel</i>	4	
<i>necon 1/35 (28) oral tablet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>norlyroc oral tablet</i>	2	EDS
<i>normosol-m in d5w intravenous solution</i>	2	
<i>normosol-r in d5w intravenous solution</i>	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	
NUVESSA VAGINAL GEL	4	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	5	PA
OMEGAVEN INTRAVENOUS EMULSION	3	BD
OMNIPOD 5 G6 POD (GEN 5)	3	QL (15 EA per 30 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (15 EA per 30 days)
ORKAMBI ORAL PACKET 75-94 MG	5	PA New Starts; LA
<i>peg 3350/electrolytes oral solution reconstituted</i>	2	
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	
<i>physiolyte irrigation solution</i>	2	
<i>physiosol irrigation irrigation solution</i>	2	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
<i>prevalite oral powder</i>	2	EDS
PRIMSOL ORAL SOLUTION	4	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	5	PA
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	PA; LA
<i>propantheline bromide oral tablet</i>	2	
RADICAVA ORS ORAL SUSPENSION	5	PA New Starts; LA; QL (50 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
RENACIDIN IRRIGATION SOLUTION	3	
<i>ribavirin inhalation solution reconstituted</i>	5	BD
<i>ringers intravenous solution</i>	2	
<i>ringers irrigation irrigation solution</i>	2	
<i>roflumilast oral tablet 250 mcg</i>	4	QL (28 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	4	EDS
SEEBRI NEOHALER INHALATION CAPSULE	4	EDS
SFROWASA RECTAL ENEMA	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>solia oral tablet</i>	2	EDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	PA New Starts
SOVALDI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
<i>stavudine oral capsule</i>	2	EDS
<i>sterile water for irrigation irrigation solution</i>	2	
STIMATE NASAL SOLUTION	3	EDS
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>tarina fe 1/20 oral tablet</i>	2	EDS
<i>testosterone cypionate injection solution 200 mg/ml</i>	2	PA; EDS
<i>theophylline oral elixir</i>	2	EDS
<i>trinessa (28) oral tablet</i>	2	EDS
UPNEEQ OPHTHALMIC SOLUTION	4	PA; EDS
UTIBRON NEOHALER INHALATION CAPSULE	4	EDS
<i>vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 5 gm</i>	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
<i>viorele oral tablet</i>	2	EDS
VISTOGARD ORAL PACKET	5	LA
VOCABRIA ORAL TABLET	5	LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
ZOKINVY ORAL CAPSULE 50 MG	5	PA; LA; QL (120 EA per 30 days)
ZOKINVY ORAL CAPSULE 75 MG	5	PA; LA
<i>zolmitriptan nasal solution 2.5 mg</i>	3	
ZONISADE ORAL SUSPENSION	4	EDS
ZORYVE EXTERNAL CREAM	4	PA; Prior authorization not required for dermatologists.
<i>zovia 1/35e (28) oral tablet</i>	2	EDS
ZTALMY ORAL SUSPENSION	5	PA New Starts; LA
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>cyclosporine ophthalmic emulsion</i>	3	EDS
CYSTADROPS OPHTHALMIC SOLUTION	5	PA
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	4	EDS
LACRISERT OPHTHALMIC INSERT	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
OXERVATE OPHTHALMIC SOLUTION	5	PA
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
PRED-G OPHTHALMIC SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC OINTMENT	4	
<i>proparacaine hcl ophthalmic solution</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	EDS
ROCKLATAN OPHTHALMIC SOLUTION	3	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	4	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC SOLUTION	4	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>bepotastine besilate ophthalmic solution</i>	4	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>epinastine hcl ophthalmic solution</i>	2	
LASTACAFT OPHTHALMIC SOLUTION	4	
<i>olopatadine hcl ophthalmic solution</i>	2	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	4	
<i>bacitracin ophthalmic ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>ofloxacin ophthalmic solution</i>	2	
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>tobramycin ophthalmic solution</i>	2	
<i>trifluridine ophthalmic solution</i>	2	
ZIRGAN OPHTHALMIC GEL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION	4	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
<i>difluprednate ophthalmic emulsion</i>	4	
FLAREX OPHTHALMIC SUSPENSION	4	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
FML FORTE OPHTHALMIC SUSPENSION	4	
FML OPHTHALMIC OINTMENT	4	
ILEVRO OPHTHALMIC SUSPENSION	3	
INVELTYS OPHTHALMIC SUSPENSION	4	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM OPHTHALMIC GEL	3	
<i>loteprednol etabonate ophthalmic gel</i>	2	
<i>loteprednol etabonate ophthalmic suspension</i>	2	
NEVANAC OPHTHALMIC SUSPENSION	4	
PRED MILD OPHTHALMIC SUSPENSION	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	4	
XIIDRA OPHTHALMIC SOLUTION	3	EDS
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution</i>	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EDS
<i>carteolol hcl ophthalmic solution</i>	2	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>timolol maleate (once-daily) ophthalmic solution</i>	2	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	2	EDS
<i>timolol maleate ophthalmic solution</i>	1	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>timolol maleate pf ophthalmic solution</i>	4	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	4	EDS
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	EDS
<i>acetazolamide oral tablet</i>	2	EDS
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	EDS
<i>apraclonidine hcl ophthalmic solution</i>	2	
<i>brimonidine tartrate ophthalmic solution</i>	2	EDS
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	EDS
<i>brinzolamide ophthalmic suspension</i>	2	EDS
COMBIGAN OPHTHALMIC SOLUTION	3	EDS
<i>dorzolamide hcl ophthalmic solution</i>	2	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>methazolamide oral tablet</i>	2	EDS
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	4	EDS
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>bimatoprost ophthalmic solution (glaucoma)</i>	2	EDS
<i>latanoprost ophthalmic solution</i>	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
<i>travoprost (bak free) ophthalmic solution</i>	2	EDS
VYZULTA OPHTHALMIC SOLUTION	3	EDS
Otic Agents		
Otic Agents		
<i>acetic acid otic solution</i>	2	
CIPRO HC OTIC SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>fluocinolone acetonide otic oil</i>	2	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic solution</i>	2	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>cetirizine 10 mg oral tablet</i>	2	ENH, OTC \$0 copay, for coverage have your ordering provider send a prescription to your pharmacist; QL (30 EA per 30 days)
<i>loratadine 10 mg oral tablet</i>	2	ENH, OTC \$0 copay, for coverage have your ordering provider send a prescription to your pharmacist; QL (30 EA per 30 days)
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	4	
<i>carbinoxamine maleate oral solution</i>	2	PA; PA not required if under 65 years of age.
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA; PA not required if under 65 years of age.
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral syrup</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible 5 mg</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
<i>olopatadine hcl nasal solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	EDS
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	2	EDS
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	2	EDS
ASMANEX HFA INHALATION AEROSOL	2	EDS
BREZTRI AEROSPHERE INHALATION AEROSOL	3	EDS
<i>budesonide inhalation suspension</i>	2	BD; QL (120 ML per 30 days); EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	QL (60 EA per 30 days); EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal suspension</i>	1	
<i>mometasone furoate nasal suspension</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	QL (4.9 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION	4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
Antileukotrienes		
<i>montelukast sodium oral packet</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>montelukast sodium oral tablet</i>	2	EDS
<i>montelukast sodium oral tablet chewable</i>	2	EDS
<i>zafirlukast oral tablet</i>	2	EDS
<i>zileuton er oral tablet extended release 12 hour</i>	5	PA
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	EDS
<i>ipratropium bromide inhalation solution</i>	2	BD; EDS
<i>ipratropium bromide nasal solution</i>	2	EDS
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	ST; EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
YUPELRI INHALATION SOLUTION	5	BD
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	2	EDS
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	EDS
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD; EDS
<i>albuterol sulfate oral syrup</i>	2	EDS
<i>albuterol sulfate oral tablet</i>	2	EDS
<i>arformoterol tartrate inhalation nebulization solution</i>	3	BD; EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	EDS
<i>formoterol fumarate inhalation nebulization solution</i>	3	BD; EDS
<i>levalbuterol hcl inhalation nebulization solution</i>	3	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
PERFORMIST INHALATION NEBULIZATION SOLUTION	5	BD; ST
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>terbutaline sulfate oral tablet</i>	2	EDS
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE	5	PA New Starts
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA
KALYDECO ORAL PACKET	5	PA New Starts; LA
KALYDECO ORAL TABLET	5	PA New Starts; LA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA New Starts; LA
ORKAMBI ORAL TABLET	5	PA New Starts; LA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD
SYMDEKO ORAL TABLET THERAPY PACK	5	PA New Starts; LA
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts
<i>tobramycin inhalation nebulization solution</i>	5	BD
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA New Starts
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA New Starts; QL (84 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	2	BD; EDS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	4	QL (28 EA per 365 days)
DALIRESP ORAL TABLET 500 MCG	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	2	EDS

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>theophylline oral solution</i>	2	EDS
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	5	PA New Starts; LA
<i>alyq oral tablet</i>	2	PA New Starts; EDS
<i>ambrisentan oral tablet</i>	5	PA New Starts
<i>bosentan oral tablet</i>	5	PA New Starts
OPSUMIT ORAL TABLET	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA New Starts
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
<i>tadalafil 20 mg oral tablet (pah)</i>	2	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	5	PA New Starts; LA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA New Starts; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1600 MCG	5	PA New Starts; LA
UPTRAVI ORAL TABLET THERAPY PACK	5	PA New Starts; LA
VENTAVIS INHALATION SOLUTION	5	PA New Starts; LA
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	5	PA
OFEV ORAL CAPSULE	5	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	2	BD
ADVAIR HFA INHALATION AEROSOL	3	EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	EDS
<i>benzonatate oral capsule 100 mg, 200 mg</i>	2	ENH; QL (30 EA per 10 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	3	EDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
SYMBICORT INHALATION AEROSOL	3	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	EDS
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	EDS
Respiratory Tract/ Pulmonary Agents		
BREZTRI AEROSPHERE INHALATION AEROSOL	3	EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>ipratropium-albuterol inhalation solution</i>	2	BD; EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone oral tablet 500 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

Drug Name	Tier	Requirements/Limits
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
DAYVIGO ORAL TABLET 10 MG	4	PA New Starts; PA not required if under 65 years of age.
DAYVIGO ORAL TABLET 5 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	2	
<i>estazolam oral tablet</i>	2	
<i>eszopiclone oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.
HETLIOZ ORAL CAPSULE	5	PA; LA
QUVIVIQ ORAL TABLET	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	2	
<i>temazepam oral capsule</i>	2	QL (7 EA per 30 days)
<i>zaleplon oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.
<i>zolpidem tartrate oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.
Wakefulness Promoting Agents		
<i>armodafinil oral tablet</i>	2	EDS
<i>modafinil oral tablet</i>	2	EDS
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
XYREM ORAL SOLUTION	5	PA; LA
XYWAV ORAL SOLUTION	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page VI.

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Language Assistance Services

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-1502 (TTY: 711).
Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-1502 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-1502 (TTY: 711)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-1502 (телетайп TTY: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-1502 (TTY: 711).
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Yiddish	אויפֿמערקזאָם: אויב איר רעדט אידיש, זענען פֿאַרהאַן פֿאַר אייך שפּראַך הילף סערוויסעס פֿרײַ פֿון אפצאל. רופט 1-800-665-1502 (TTY: 711)
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Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-1502 (TTY: 711).
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French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-1502 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-665-1502 (TTY: 711)
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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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 - Qualified interpreters
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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 (TTY users should call 711), October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.IndependentHealth.com/Medicare.